

INSURANCE LICENSE RENEWAL APPLICATION: PART I

FORM L-191

1. PLEASE READ THE ENCLOSED INSTRUCTION BOOKLET. Incomplete or illegible applications will be returned.
2. MAKE SURE YOUR APPLICATION IS COMPLETE. Complete PARTS I and II (and PART III if you are an Arizona resident) and other requirements specified in the instruction booklet. An application that fails to meet renewal requirements will be returned and you may be subject to a late renewal fee.
3. Staple your application form and any required attachments in the upper left corner with your letter of certification (if required) as the last page. Remove any stubs from your check or money order and staple your payment to the front of this page in the location indicated (immediately below Section C).
4. Address the envelope containing application materials and fees EXACTLY AS FOLLOWS:

INSURANCE LICENSING SECTION, 2910 N. 44th Street # 210, Phoenix, AZ 85018-7269

Section A Business Information <i>A physical street address is required in Section A.</i>	AZ Insurance License Number		NASD CRD Number (Variable Life/Annuity Producers)	
	Applicant Last Name		Jr./Sr./II/III, etc.	Applicant FULL First Name
			Applicant FULL Middle Name	
	Name of Business (if applicable)		<i>Any business entity you name in Section A or Section B must be licensed pursuant to A.R.S. § 20-285(D) if it participates in the sale, solicitation or negotiation of insurance. A.R.S. §§ 20-282 and 20-298.</i>	
	Physical Street Address of Your Business			
	City	State	Zip Code	Business Area Code and Phone Number:

SECTION B Mailing Address	Business Name (If the mailing address belongs to a business, enter the name of the business here; otherwise, leave blank)			
	Mailing Street Address (may be either a street address or post office box)			
	City	State	Zip Code	
	E-mail Address (optional)			Fax Number (optional)

SECTION C IMPORTANT: Write an "X" to the right of each license authority you want to cancel.	PRODUCER License Type	CANCEL? (X)	OTHER License Type	CANCEL? (X)
	Life	<input type="checkbox"/>	Surplus Lines Broker	<input type="checkbox"/>
	Accident and Health or Sickness	<input type="checkbox"/>	Mexican Insurance Surplus Lines Broker	<input type="checkbox"/>
	Variable Life and Variable Annuities Include CRD number in Section A	<input type="checkbox"/>	Property and Casualty Managing General	<input type="checkbox"/>
	Property	<input type="checkbox"/>	Life Managing General Agent	<input type="checkbox"/>
	Casualty	<input type="checkbox"/>	Accident and Health or Sickness Managing General Agent	<input type="checkbox"/>
	Personal Lines	<input type="checkbox"/>		
	Travel Accident Ticket Policies or Baggage	<input type="checkbox"/>	Bail Bond Agent	<input type="checkbox"/>
	Credit	<input type="checkbox"/>	Risk Management Consultant	<input type="checkbox"/>
	State Compensation Marketing Rep.	<input type="checkbox"/>	Adjuster	<input type="checkbox"/>
	OTHER (non-residents only):			<input type="checkbox"/>

{ ← HERE , PLEASE ALIGN TOP OF CHECK OR MONEY ORDER AND STAPLE ON LEFT SIDE (REMEMBER TO REMOVE ANY STUBS)

SECTION D Renewal Fees for licenses expiring 01/01/2005 through 06/30/2005	If your "AZ Insurance License Number" (in SECTION A) ends with an odd number, you must pay only HALF the applicable fee. If your "AZ Insurance License Number" ends with an even number or zero, you must pay the FULL applicable fee:			
	<ul style="list-style-type: none"> • To renew surplus lines broker authority or Mexican insurance surplus lines authority, the fee is \$1,200*. • To renew <u>one or more other types</u> of license authority, the total fee is \$120* (regardless of the number of lines of non-surplus-lines authority). • To renew both, a surplus lines authority type and one or more other types of license authority, the fee is \$1,320* • Pursuant to A.R.S § 20-167(B) all fees are nonrefundable <p align="center"><u>MAKE PAYMENT PAYABLE TO: INSURANCE LICENSING SECTION</u></p> <p>*NOTE: All licensees (regardless of whether the license number ends in an odd or even number) -- If the license fee and a <u>complete</u> application meeting all renewal requirements are not <u>RECEIVED</u> on or before your license expiration date, you must add to your payment the \$100.00 late renewal fee required by A.R.S. § 20-289(E).</p>			
SECTION E Identification	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (m/d/y)	Place of Birth (CITY/STATE)	Social Security Number
SECTION F Household Address	Household Street Address			
	City	State	Zip Code	Home Area Code and Phone #

THIS AREA FOR INSURANCE DEPARTMENT USE ONLY

- TF#:
- ☐ 17 Biennial Other (60.00)
- ☐ 48 Biennial SLB (600.00)
- ☐ 57 Quad Other (120.00)
- ☐ 59 Quad SLB (1200.00)
- ☐ 49 Late Renewal (100.00)

Renewed/Approved By _____

Late Renewal Date _____

INSURANCE LICENSE RENEWAL APPLICATION: PART II

ADDITIONAL INFORMATION: Carefully read and respond to each of the following questions. You should provide a "YES" answer even if you believe an incident has been cleared from your record. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program.

NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see the instructions.

A. Have you been convicted of a felony that has not previously been disclosed by you to this agency in a license application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority that has not previously been disclosed by you to this agency in a license application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license that has not previously been disclosed by you to this agency in a license application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you had any judgment, order or other determination made against you in any criminal, civil, administrative, judicial or quasi-judicial proceeding of any kind in any jurisdiction, including any criminal conviction, that has not previously been disclosed by you to this agency in a license application based on any of the following:	
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which provide requirements relating to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are any civil, administrative, judicial or quasi-judicial proceedings of any kind, including any criminal proceedings in which an indictment, criminal complaint or information has been issued naming you as defendant, currently pending against you in any jurisdiction based on any of the following:	
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Committing any insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using fraudulent, coercive or dishonest practices in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Aiding or assisting any person in the unauthorized transaction of insurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which provide requirements relating to premium finance transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For any other cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Additionally , If for a bail bond agent license, has the applicant, any individual designated in the application as a principal, any individual who is to exercise the powers conferred by the license, or any other employee EVER	<input type="checkbox"/> Not applicable
1. been convicted in any jurisdiction of ANY felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. been convicted in any jurisdiction of theft OR any crime involving carrying or illegal use or possession of a deadly weapon or dangerous instrument (either felony or misdemeanor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT CERTIFICATION

By my signature below, I hereby certify that the information recorded on all parts of this application and on all attachments and enclosures herewith, is true and correct to the best of my knowledge

Applicant's Signature

Date of Signature

Form L-191 (Eff. 01/2006)

INSURANCE LICENSE RENEWAL APPLICATION: PART III (Supplement for Arizona Residents)

Relative to renewal applications for licenses expiring between January 1, 2006 and June 30, 2006

SECTION A: INSURANCE CONTINUING EDUCATION

Must be completed by all Arizona resident applicants

The following questions will help determine whether you need to submit Arizona Continuing Education Certificates of Completion with your renewal application. If you are required to complete Arizona-approved CE, you submit **ORIGINALS** of the CE Certificates of Completion and you must retain copies until the second renewal date after the period for which the CE credits were earned (A.R.S. § 20-2903(A)). You may wish to review continuing education requirements provided on the "Producers" Internet web page (www.id.state.az.us).

1. Are you an Arizona resident? ☐ Yes ☐ No
 - If **Yes**, please proceed to question 2 in this section.
 - If **No**, you DO NOT need to complete Arizona-approved CE courses and you should skip the remaining questions in this section (Part III)
2. Have you held an Arizona insurance license for more than one year? ☐ Yes ☐ No
 - If **Yes**, please proceed to question 3 in this section.
 - If **No**, you DO NOT need to complete Arizona-approved CE and you should skip the remaining questions in this section (Part III)
3. In Arizona, do you only hold a license as an adjuster or bail bond agent? ☐ Yes ☐ No
 - If **No** (you hold another type of authority on your license), please proceed to question 4 in this section.
 - If **Yes** (you are only an adjuster or bail bond agent), you DO NOT need to complete Arizona-approved CE and you should not answer Question 4 in this section (Part III).
4. At any time during the term of your expiring Arizona insurance license, were you licensed to transact insurance in any other state? ☐ Yes ☐ No
 - If **No**, you DO NOT need to complete Arizona-approved CE.
 - If **Yes**, you need to complete CE.

SECTION B: VARIABLE LIFE AND VARIABLE ANNUITY PRODUCTS PRODUCER INFORMATION

*For Arizona residents licensed as Variable Life and Variable Annuity Products Producer
(formerly known as "Variable Contracts Agent")*

If you are an Arizona resident licensed as a Variable Life and Variable Annuity Products Producer, you must include with the application evidence dated within six months of the application that you are licensed in good standing as a registered representative or principal with the National Association of Securities Dealers (NASD). To provide this evidence, submit a printout from www.nasd.com showing your present broker registrations:

1. Navigate to www.nasd.com
2. On the right column on the page, click on "NASD BrokerCheck."
3. Click on the "Look Up a Broker/Dealer Firm or Individual" link.
4. Read through the disclosure and, if you agree, click the "Agree" button at the bottom of the screen to proceed.
5. Make the appropriate selection from the drop-down box (click on the small downward pointing arrow to the right of the box and highlight the appropriate option) and click "Broker."
6. In the left pane of the window (entitled, "NASD BrokerCheck"), you will see some guidelines about the information that needs to be entered into the search criteria fields. Enter the necessary information and click on the "Begin search for an Individual Broker" button.
7. You will be provided a screen that, on the left side, shows a menu of options. Click on the word "Registrations."
8. You will be provided a screen that, on the right side, lists your registrations. Right click on the right side of the screen, and a menu of options will appear. Point to the word "Print" and click the mouse. This will print your registrations. Include the printed document with your license application.

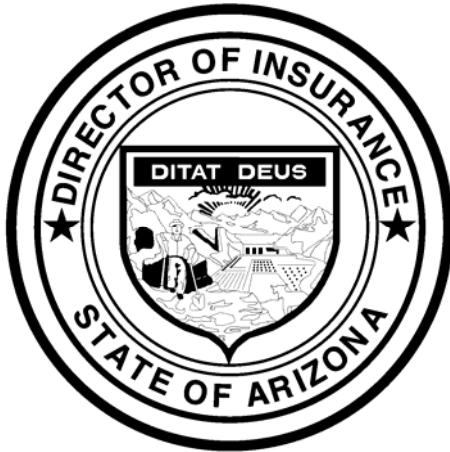
FORM L-191

Renewing the insurance license of an individual

For a license that expires between January 1, 2006, and June 30, 2006

*Note: Application forms and instructions are subject to change without notice.

Current versions of forms and instructions are available from the PRODUCERS page of the Department's Internet web site (www.id.state.az.us).



TIME SENSITIVE MATERIALS!!!

If the Department of Insurance does not receive your COMPLETE renewal application prior to your license expiration, your license will expire (you will be prohibited from engaging in insurance business), you will be subject to a late renewal fee, and you may be subject to additional license requirements.

- ☐ **Carefully read through the instructions.** You may be required to submit additional forms or documents with your license application. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be returned for completion. If the Insurance Licensing Section by or before the date of your license expiration has not received your fully completed application, any required accompanying materials, and fees, you shall lose the authority to transact insurance and you will be required to pay a \$100 late renewal fee to renew your license. ***Laws governing license issuance and renewal have recently changed. It is therefore especially important that you review the instructions.***
- ☐ **Make sure you submit all parts of the renewal application.** The renewal application consists of two or three parts. Part I and Part II (on the back of Part I) must be completed by all applicants (resident and nonresident). Arizona resident Producers must also complete Part III of the application. If you do not have all the parts of your license application, immediately contact the Insurance Licensing Section at 602.DOI.4.ILS (364.4457 or 877.660.0964 for toll-free calls within Arizona).
- ☐ **Clearly print in ink or type** all information and carefully review the application before submitting it. If you have a question about application forms or instructions, contact the Insurance Licensing Section (see information at the bottom of the next page). Remember to sign and date your application after Part II.
- ☐ **Retain these instructions for your records.** Do not submit this instruction booklet with your license application.
- ☐ **Organize your application materials** in the following manner before submitting them:
 - ◆ Staple the application and any required attachments in the upper left corner.
 - ◆ Remove any stubs from the money order or check with which you are paying your license fee.
 - ◆ To the front of the application form, please staple your payment, made payable to **Insurance Licensing Section**, in the location indicated (immediately below Section C).
- ☐ **The Department must receive your COMPLETE renewal application before the expiration of your license.**
 - ◆ **Mailing Address:** Insurance Licensing Section, 2910 N. 44th St # 210, Phoenix, Arizona 85018-7269

INSURANCE LICENSE RENEWAL APPLICATION - INDIVIDUAL

Instructions

IT IS CRITICAL THAT YOUR RENEWAL APPLICATION SUBMISSION IS COMPLETE, THAT ALL RENEWAL REQUIREMENTS ARE MET, AND THAT THE DEPARTMENT RECEIVES YOUR COMPLETE APPLICATION BEFORE YOUR LICENSE EXPIRATION! If a **complete** application (accompanied by all required materials) is not **received** by the Department (regardless of the postmark date) on or before the expiration of your license, your license will expire and you will be prohibited from transacting insurance.

NEW!

1. Effective January 1, 2005, a license issued to or renewed by an individual will expire on the last day of the individual's month of birth. License fees shall not be prorated.
2. For licenses expiring between January 1, 2005 and December 31, 2006, if the Arizona license number ends with an even number or zero, the license will be renewed for a term of three to four years (considered a "four-year license"). If the Arizona insurance license number ends with an odd number, the license will be renewed for a term of one to two years (considered a "two-year license"). All licenses issued or renewed after January 1, 2007 shall have a four-year term. Fees are as follows:
 - To renew surplus lines broker authority or Mexican insurance surplus lines authority, the fee is \$1,000.00 if the Arizona license number is even, or \$500.00 if the Arizona license number is odd.
 - To renew one or more non-surplus-line types of license authority, the fee is \$120.00 if the Arizona license number is even, or \$60.00 if the Arizona license number is odd.
 - To renew both, a surplus lines authority type and one or more non-surplus-line types of authority, the fee is \$1,120.00 if the Arizona license number is even, or \$560.00 if the Arizona license number is odd.
 - Pursuant to A.R.S. § 20-167(B) all fees are nonrefundable.
3. Effective for licenses expiring on or after January 1, 2005, a licensee who resides in Arizona who at any time during the license term holds a nonresident license in at least one other state will be required to complete 20 hours of CE during the term of a "two-year license," and 40 hours of CE during the term of a "four-year license." The license renewal process, including CE requirements, is illustrated on the reverse side of this page.
4. Name changes must be reported within 30 calendar days of the change.
5. Effective August 25, 2004, the Department no longer prints license certificates on certificate stock. A person who renews a license will receive a notice informing the person that the renewal has been processed. Up-to-date information concerning licensees is available from the "Find Agent/Insurer Information" feature of the Department's web site.
6. Licenses may be "late renewed" up to one year post license expiration. A person may not act under an expired license. Details are provided in the following, "Late Renewals," section.

Late Renewals. A person whose license expires may submit a renewal application after the expiration of the license if the Department receives from the applicant, within one year after the expiration date stated on the applicant's license,

- a complete application and any other required documents
- the nonrefundable license fee (described in Section D of the application),
- the \$100 late renewal fee required by A.R.S. § 20-289(E), and

If the renewal application is received by the department after the one-year period following the license expiration date, it will be rejected and application for a new license, with any examination and fingerprinting requirements, must be completed.

On-the-spot Service. *In a hurry for your license?* A license application hand delivered to the Insurance Department will be reviewed "on the spot" while the applicant waits. On-the-spot service enables us to answer any questions you have and describe, in person, any additional information that we need to render a licensing decision. Many (but not all) applicants are able to obtain their license before they leave our office. The last week of the month is especially busy. Avoid the rush and bring in your application during the first few weeks of the month. On-the-spot service is available as follows:

- **Hours:** Mondays through Fridays between 8 AM and 4 PM (except state-observed holidays)
- **Office Locations** (*when mailing materials, please do so only to the Phoenix Office*):
 - Phoenix Office, 2910 North 44th Street, Suite 210, Phoenix 85018-7269
 - Tucson Office, 400 West Congress Street, Suite 152, Tucson 85701

INSURANCE LICENSE RENEWAL APPLICATION - INDIVIDUAL

Instructions (continued)

Licensing Forms are available

- from the Department's "PRODUCERS" Internet web page at www.id.state.az.us,
- **In person** from the Phoenix or Tucson office during "on-the-spot service" hours – see above.

IF YOU HAVE QUESTIONS CONCERNING THIS APPLICATION OR ANY OTHER LICENSING ISSUE,
visit our web site at www.id.state.az.us,
e-mail us at licensing@id.state.az.us, or
call the Insurance Licensing Section at **(602) DOI-4-ILS** (364-4457 or toll-free within Arizona but outside the Phoenix Area at 877-660-0964).

PART I

- **Section A:** If you are an Arizona resident applying to renew **Variable Life and Variable Annuities Producer** authority, you must enter your CRD number issued by the National Association of Securities Dealers (NASD) in the box provided in section A in addition to completing the steps described in **Section B of PART III**.

Your business address **MUST** be the physical street address accessible to the public from which you transact insurance. If you conduct insurance business out of your home, the address of your home must be provided in this section. If you conduct insurance business from another location, the name and address of the business from which you transact insurance must be provided. If the address belongs to an employer, be sure to indicate the full business name. **Note:** *If you are using a business name in conjunction with transactions under your license (i.e. an assumed name or D.B.A), see the ASSUMED NAME section on the following page.*

- **Section B:** The mailing address is the location or post office box to which correspondence concerning your license and license-related correspondence will be sent. Additionally, you may include your fax number and/or e-mail address to enable us to correspond with you by fax or by e-mail.
- **Section C:** If you mark an "X" next to a line of authority, the Department will **NOT** renew that authority and you will not be able to re-add that line of authority unless you submit a new license application (which may involve passing an examination) and fee.
- **Section D:** Make sure your application is accompanied by the non-refundable fee required by A.R.S. § 20-167(B). If your complete application (with all required enclosures) and fee are not RECEIVED by the Insurance Licensing Section on or before the expiration date of your license, you must add the \$100.00 late renewal fee to your fee payment pursuant to A.R.S. § 20-289(E) and you will be *unlicensed* (which means you cannot engage in your insurance business) from the date your license expires until the date your renewal application has been approved.
- **Section E** must contain accurate information concerning your identity.
- **Section F** must contain the *physical street address* of your residence (a P O Box or PMB is unacceptable).

INSURANCE LICENSE RENEWAL APPLICATION - INDIVIDUAL

Instructions (continued)

PART II: If you answered "YES" to any question in PART II, you are required to submit:

- A SIGNED statement describing, **in detail**, all incidents including the names, dates and locations involved, the names and localities of any courts and/or administrative agencies involved, and the disposition or current status of each matter; **AND**
- Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information that relates to each matter. If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

PART III (For Arizona Resident Producers Only)

Your responses to questions in **Section A of PART III** will indicate whether you need to complete Arizona-approved continuing education ("CE") courses. As of the version date on this application, nonresident licensees are NOT required to complete Arizona-approved CE courses. An Arizona resident insurance producer must complete CE if the producer held a nonresident insurance producer license in one more other states *at any time during the expiring license period*. **If your responses to Section A of PART III indicate you are required to complete CE**, you must submit Certificates of Completion with your license application demonstrating that you completed the required 20 hours of continuing education.

Arizona residents who are licensed as Variable Life and Variable Annuity Products Producers must follow the procedure described in **Section B of PART III** to provide a printout from www.nasd.com showing your present broker registrations.

ADDITIONAL APPLICATION REQUIREMENTS

NON-RESIDENT APPLICANTS

- **A home state letter of certification may not be required.** The Department will use the Producer Database (PDB) maintained by the National Insurance Producer Registry to determine whether you are licensed in good standing in your home state. Certification letters are only required if we are unable to confirm home state licensure.
- **Non-resident Adjusters: Complete** Form ADJ.ADDENDUM and submit it along with your application.

ASSUMED NAME (OR D.B.A.). In accordance with A.R.S. § 20-297, a licensee cannot use a name in insurance business matters other than the true name unless approved by this office. Use **Form L-193** to "file" the name. **To reserve** the name, an Arizona resident may "register" the name by contacting the Arizona Secretary of State's Office. Call (602) 542-6187 for information about applying for a "Trade Name Certificate."

MANAGING GENERAL AGENTS. **Form L-107** must be completed by an official of the insurance company with which you have a contract.

RISK MANAGEMENT CONSULTANTS. Include a letter from the political subdivision (city/town/county) with which you are employed providing their authorization for you to serve as a Risk Management Consultant.

SURETY BONDS AND DEPOSITS. The license of a **bail bond agent or managing general agent** will not be renewed unless the licensee has in force the required surety bond. Surety bonds must be replaced before their termination or expiration.

VARIABLE LIFE AND VARIABLE ANNUITY PRODUCERS must also be registered with the Securities Division of the Arizona Corporation Commission (www.cc.state.az.us, or 602.542.4242).

Organize your application materials and fee payment in the manner described on the cover and send (without this instruction booklet) to the following address: INSURANCE LICENSING SECTION, 2910 N 44TH ST # 210, PHOENIX, AZ 85018-7269

The Department Of Insurance is an Equal Employment Opportunity agency that complies with the Americans with Disabilities Act ("ADA") of 1990. Persons with disabilities may request reasonable accommodation by contacting our ADA Coordinator at (602) 364-3471.